

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/825707 FILING DATE 12/04/06
APPLICANT(S)

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12	1									
13										
14										
15										
16										
17										
18										
19	Canceled									
20	1									
21	X									
22	X									
23	1									
24	X									
25	X									
26										
27										
28										
29										
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31										
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47										
48										
49										
50										
TOTAL IND.	2									
TOTAL DEP.	12	→	↓	→	↓	→	↓	→	↓	
TOTAL CLAIMS	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS